



The Structured Decision Making[®] System

Child Abuse/Neglect Intake Assessment Policy and Procedures Manual

Version 2.4

February 2015



Tennessee
Department of Children's Services

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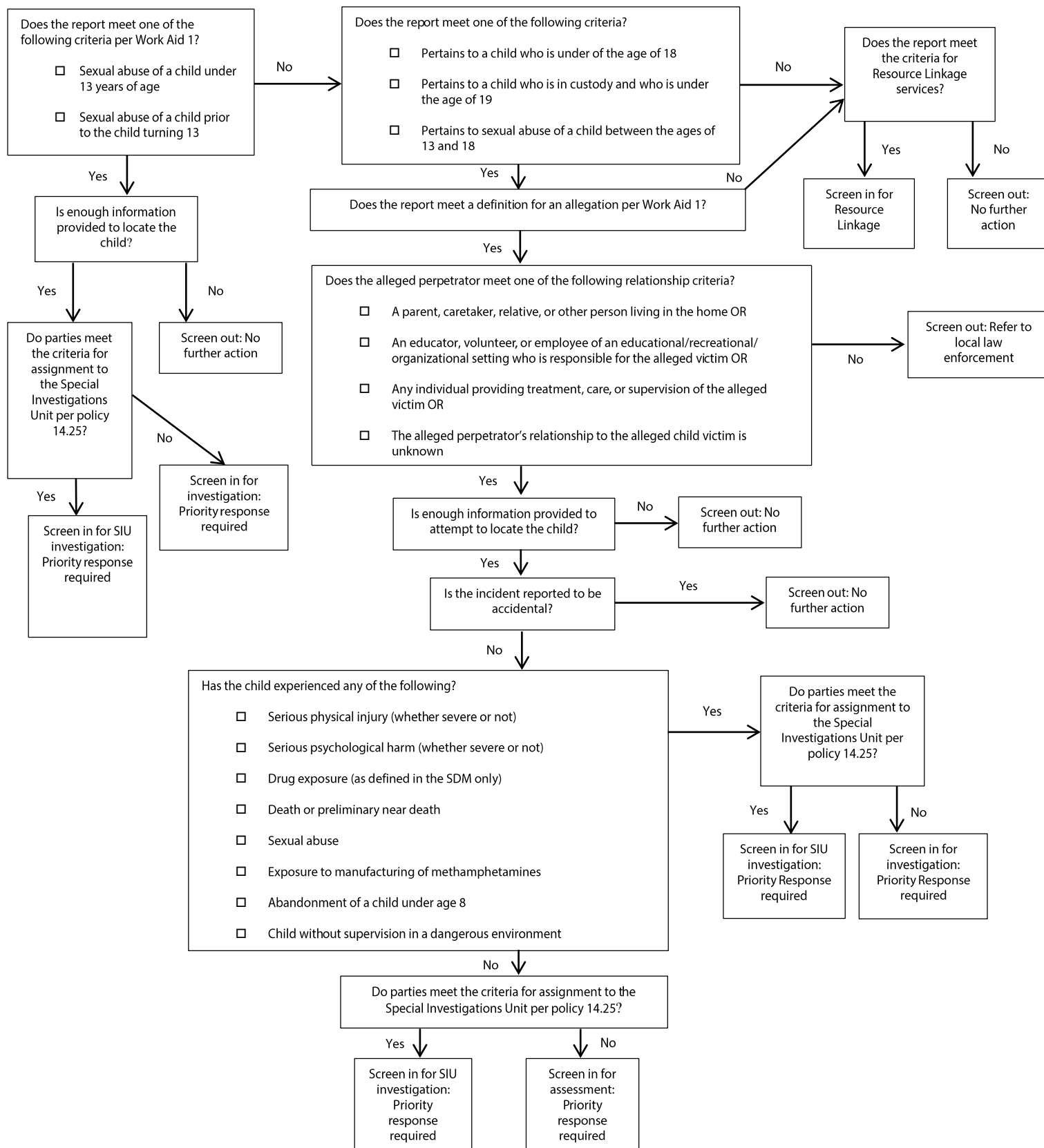
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The Children’s Research Center is a nonprofit social research organization and
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SECTION 1. SCREENING AND TRACK ASSIGNMENT

Part A. Screening and Track Assignment Decision Tree

Complete the decision tree for the allegation(s) reported. **Refer to DCS policy, Work Aid 1, and SDM definitions.** When the report contains multiple allegation types, the assigned track is based on whether or not any one of the allegations meets the criteria for a CPS investigation.



Part B. Screening and Track Assignment Decisions

Preliminary Track Assignment

- ☐ Screen in for investigation
- ☐ Screen in for SIU investigation
- ☐ Screen in for assessment
- ☐ Screen in for Resource Linkage
- ☐ Screen out

For allegations that are assigned to investigations or SIU, is the allegation reported considered severe as indicated by the following (check the indicators that apply)?

- ☐ The child has been exposed to or there has been a failure to protect the child from:
 - Abuse or neglect likely to cause serious bodily injury or death; OR
 - Use of force likely to cause serious bodily injury or death; OR
 - Abuse or neglect that has resulted in serious bodily injury or death.
- ☐ The abuse or neglect or failure to protect is likely to result in severe psychological harm.
- ☐ The child has been exposed to sexual abuse.
- ☐ The child was present while methamphetamines were being manufactured.

Override to Screen Out

- ☐ Duplicate allegations (containing the same information, regardless of the reporter) will be screened out and processed.
- ☐ New allegations on an open CPS case will be screened out and processed when the following apply:
 - The new allegations are screened as the same track assignment as the already-open case;
 - The already-open case has been open less than 30 days; and
 - The already-open case does not have an approved classification.
- ☐ Allegations will be screened out if the abuse and/or neglect occurred in Tennessee; however, DCS does not have the ability to conduct an investigation or assessment due to the alleged child victim residing outside of Tennessee or will not return to Tennessee within the time frame to complete a CPS case or offer services to the child, regardless of the alleged perpetrator's accessibility. The allegations will be referred to local law enforcement and the child welfare agency where the child is located.

If marked, please describe the reason: _____

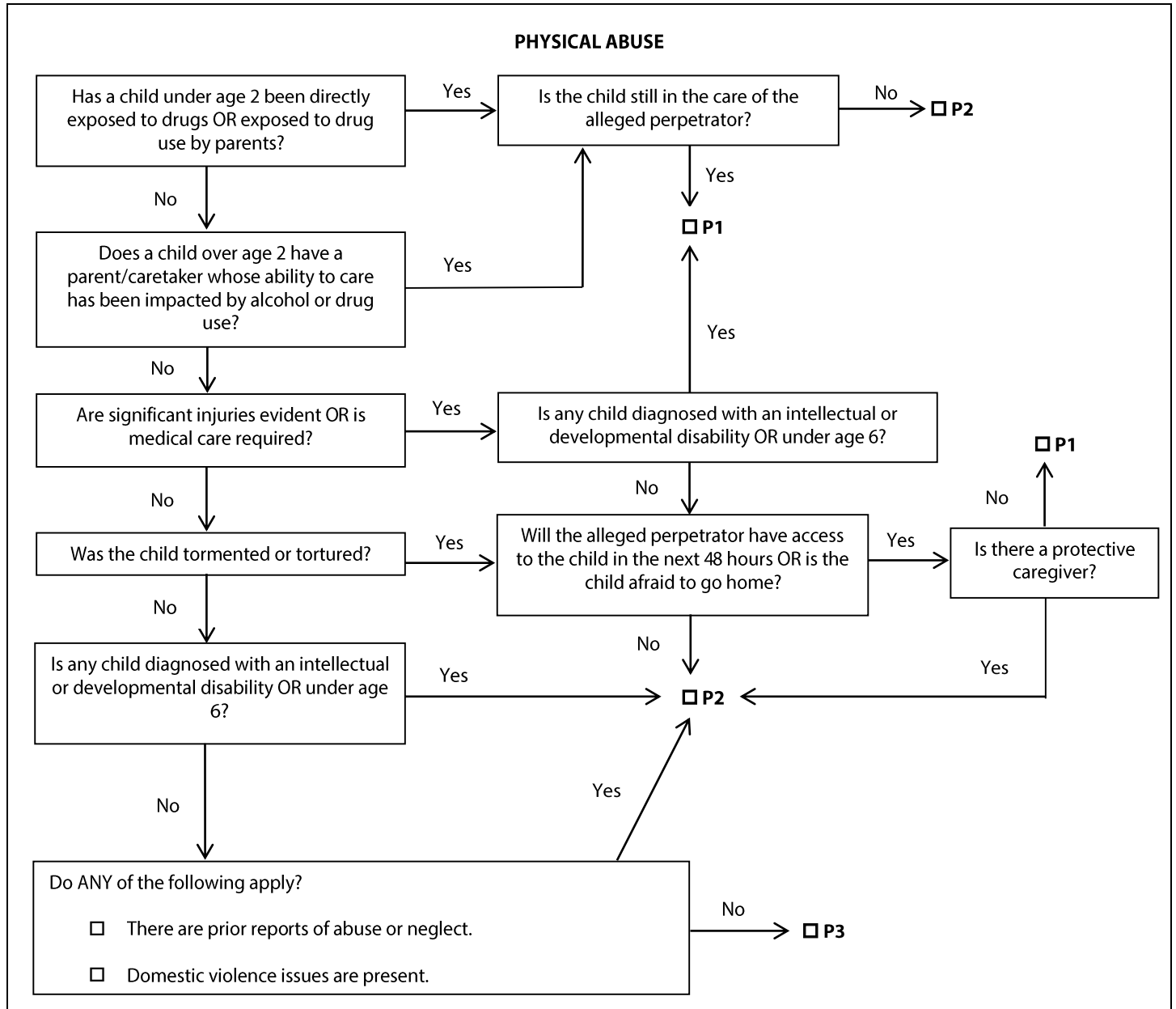
Final Screening and Track Assignment Decision

- ☐ Screen in for assessment: Priority response required.
- ☐ Screen in for SIU investigation: Priority response required
- ☐ Screen in for investigation: Priority response required
- ☐ Screen in for Resource Linkage
- ☐ Screen out:
 - ☐ Duplicate or additional allegations were reported and added to an already open CPS case, per DCS policy.
 - ☐ This report includes concerns that did not meet the criteria for CPS assignment (mark all that apply):
 - ☐ BUT these concerns require reporting to local law enforcement.
 - ☐ BUT these concerns require additional PREA reporting.
 - ☐ BUT these concerns require additional APS reporting.
 - ☐ BUT these concerns require additional reporting to a licensing agency.
 - ☐ This report requires reporting to an out-of-state agency.

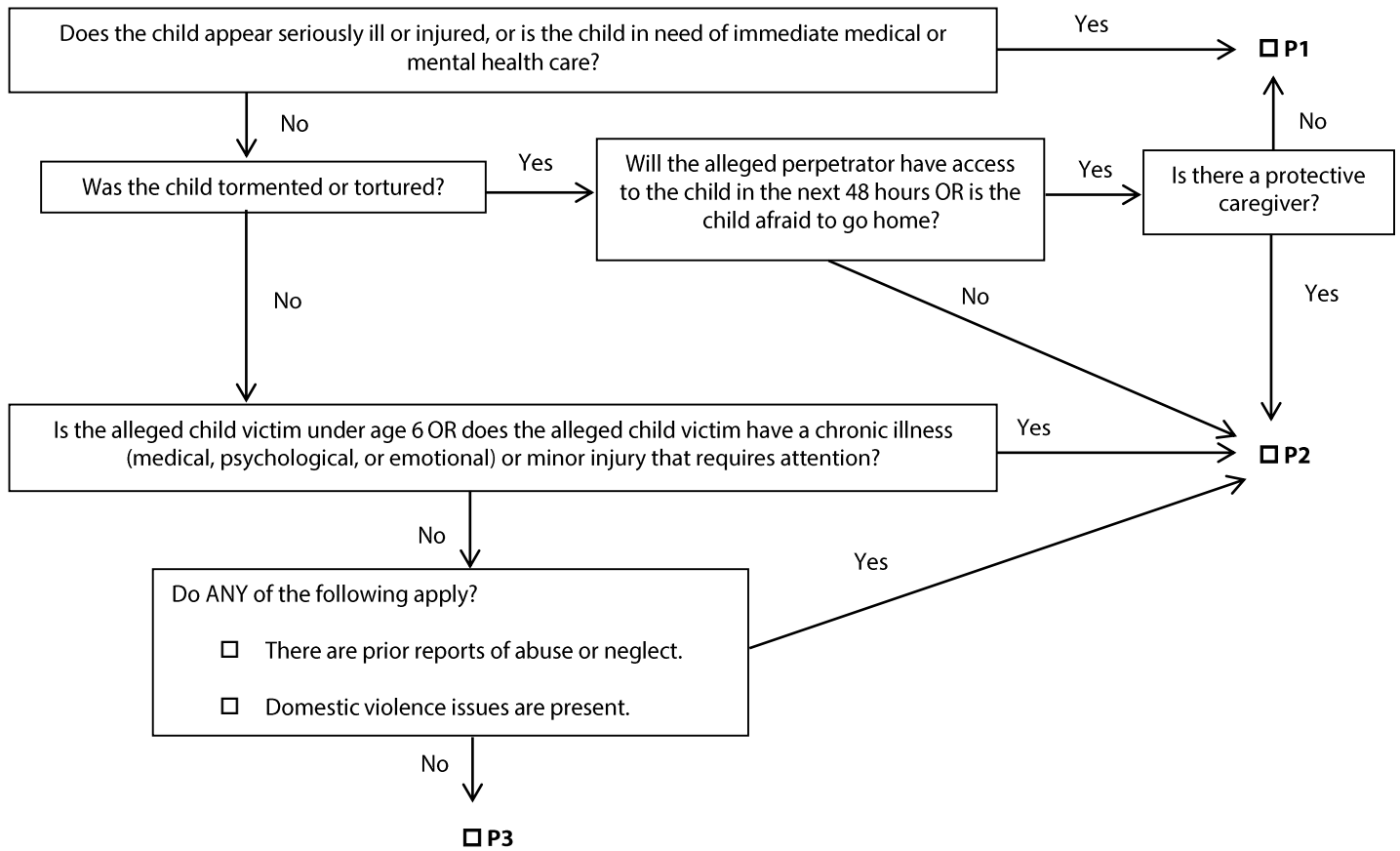
SECTION 2. PRIORITY RESPONSE (for reports assigned to CPS)

Part A. Priority Response Decision Trees

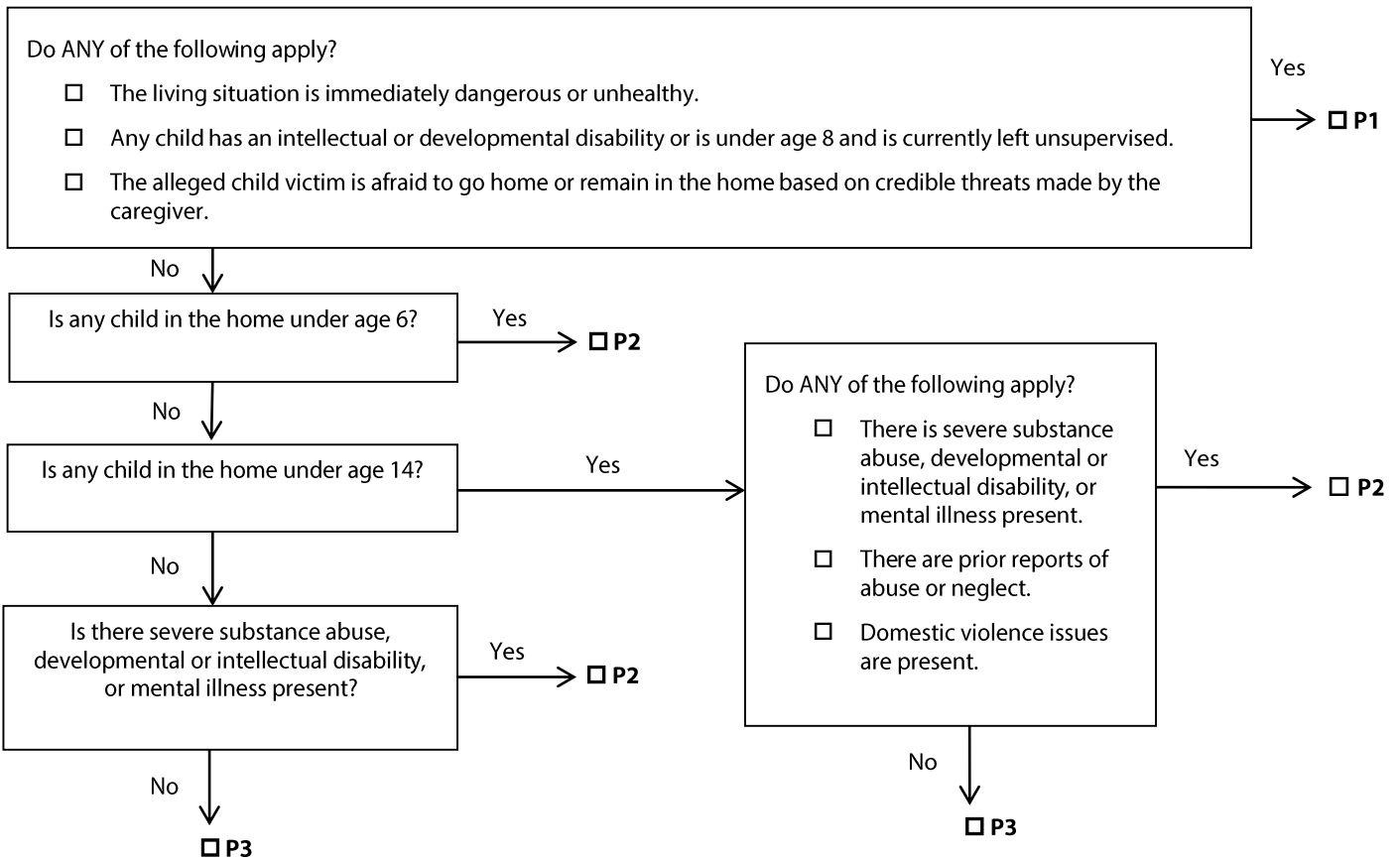
Complete a decision tree for each allegation type reported. When the report contains multiple allegations, the assigned priority response is based on the highest level indicated. **Select “no” when the reporter can provide information that a condition does not exist or when the reporter has no information that a condition does exist.**



MEDICAL NEGLECT AND PSYCHOLOGICAL HARM



NEGLECT



SEXUAL ABUSE

Do ANY of the following apply?

- ☐ The alleged perpetrator will have access to the alleged child victim within the next 48 hours, or access is unknown.
- ☐ The alleged child victim is afraid to go home or remain in the home.
- ☐ The alleged child victim is under age 6.
- ☐ Medical examination is needed AND alleged abuse occurred within 72 hours.

Yes

☐ P1

No

Is the non-perpetrating caregiver aware of the alleged abuse, is their response appropriate, and are they protective of the child?

Yes

Do ANY of the following apply?

- ☐ Does the alleged child victim have an intellectual or developmental disability?
- ☐ Is the alleged child victim is under age 13?
- ☐ There are prior reports of abuse or neglect.
- ☐ Domestic violence issues are present.

Yes

☐ P2

No

☐ P1

No

☐ P3

Part B. Priority Response Decision

Preliminary Priority Response Decision

Based on Decision Tree(s) (mark one):

- ☐ P1 = Immediate/within 24 hours from receipt of the report
 - ☐ P2 = Within two business days from receipt of the report
 - ☐ P3 = Within three business days from receipt of the report
-

OVERRIDES to Recommended Priority Response

☐ **Policy Override to P1:**

- ☐ Family may flee/child made unavailable.
- ☐ Prior or current death of a child in the household.

☐ **Policy Override to P2 or P3:**

- ☐ Child is in an alternative safe environment and is expected to remain there pending a P2 or P3 response.

☐ **Discretionary Override**

Please describe the reason:

Final Assigned Priority Response

After Consideration of Overrides (mark one):

- ☐ P1 = Immediate/within 24 hours from receipt of the report
- ☐ P2 = Within two business days from receipt of the report
- ☐ P3 = Within three business days from receipt of the report

Case Manager: _____

Date: ____/____/____

Team Leader Review/Approval: _____

Date: ____/____/____

**TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES
CHILD ABUSE/NEGLECT INTAKE ASSESSMENT
DEFINITIONS**

SECTION 1. SCREENING AND TRACK ASSIGNMENT

PART A. SCREENING AND TRACK ASSIGNMENT DECISION TREE

Does the report meet one of the following criteria per Work Aid 1?

- Sexual abuse of a child under 13 years of age
- Sexual abuse of a child prior to the child turning 13 years of age

Does the report meet one of the following criteria?

- Pertains to a child who is under the age of 18
- Pertains to a child who is in custody and who is under the age of 19
- Pertains to sexual abuse of a child between the ages of 13 and 18 (through 17 years of age)

Does the report meet the criteria for Resource Linkage services?

Refer to Resource Linkage Protocol Manual.

Does the alleged perpetrator meet one of the following relationship criteria?

- A parent, caretaker, relative, or other person living in the home OR
- An educator, volunteer, or employee of an educational/recreational/organizational setting who is responsible for the alleged victim OR
- Any individual providing treatment, care, or supervision of the alleged victim OR
- The alleged perpetrator's relationship to the alleged child victim is unknown

Is enough information provided to attempt to locate the child?

Enough information is available to locate the home, including but not limited to the home address, school name/address, the telephone number of a parent or caretaker, and other information as defined in policy.

Does the report meet a definition for an allegation per Work Aid 1?

Is the allegation listed in Work Aid 1 AND does the information reported meet the definition of the allegation?

Is the incident reported to be accidental?

Based on information provided by the caller, does it appear that the reported injury is due to accidental circumstances?

Has the child experienced any of the following?Serious physical injury (whether severe or not)

Serious physical injuries include, but are not limited to:

- Injuries to the head or torso;
- Open wounds/burns;
- Injuries that may result in disfigurement (e.g., broken bones, ligament injuries);
- Multiple injuries;
- Injuries on different parts of the body or in different stages of healing;
- Injuries that may limit development (e.g., children who have missed developmental milestones due to parental neglect, inorganic failure to thrive, or brain injuries); or
- Life-threatening conditions that resulted from parent/caretaker action or inaction.

Exclude minor scratches from this category.

Serious psychological harm (whether severe or not)

Serious psychological harm must be as a result of the parent/caretaker's action or inaction. Indicators of serious psychological harm include, but are not limited to, the following.

- The child has been diagnosed with a serious mental health condition (e.g., severe psychosis, severe depression, severe neurotic disorder, severe developmental delay or intellectual disability, or severe impairment of the ability to function adequately).
- The child is showing symptoms of emotional or mental distress to the extent that daily functioning is impeded (e.g., the child refuses to leave the home or return to the home out of intense fear; the child is severely disruptive in school and there is no apparent cause; the child is unable to function in home, family, or community because he/she is inconsolable).
- Child has been deliberately exposed to significant trauma (e.g., death or credible threat to life of self or loved one (including pets), hospitalization of self or a loved one due to inflicted harm, separation from a parent resulting in child's belief that he/she has been abandoned).

Drug exposure (as defined in SDM only)

- The child is under the age of 2.

OR

- The child is age 2 or older and has been exposed to drugs or chemical substances that:
 - » Could adversely affect the child's physical, mental, or emotional functioning as indicated by the following:
 - Drugs or chemical substances administered to or given to the child; or
 - The child has been exposed to or is living in close proximity of a place where drugs or chemical substances are manufactured.

OR

- The child is age 2 or older and has a parent/caretaker who has had a positive drug screen, has admitted to the use of an illegal drug or chemical substance, or has misused a prescribed medication and his/her ability to provide for the basic needs of the child has been impacted. Impact on the parent/caretaker's ability to provide for the child's basic needs may be determined by considering the following:
 - » The lack of food, clothing, shelter, and/or utilities;
 - » Incapacitation of the parent/caretaker due to the use of drugs or chemical substances; and/or
 - » Parent/caretaker's inability to meet his/her own basic needs.

Note: If the answer to all of the above is "no," the allegation of drug exposure is appropriate for a child protective services (CPS) assessment case (when no other allegations are present or appropriate for the investigation track).

Death or preliminary near death

There has been a reported child death or preliminary near death (as defined in Work Aid 1).

Sexual abuse

- Committing or failing to protect the child from rape or sexual exploitation.
- The commission of any act involving the unlawful sexual abuse, molestation, fondling or carnal knowledge of a child under thirteen (13) years of age.
- The commission of any act such as rape, aggravated sexual battery, sexual exploitation, etc. against a child thirteen (13) years of age through seventeen (17) years of age if such act is committed against the child by a parent, guardian, relative,

person residing in the child's home, or other person responsible for the care and custody of the child.

Exposure to manufacturing of methamphetamines

Child is exposed to or living within close physical proximity to where methamphetamines are manufactured.

Abandonment of a child under age 8

Child must be under age 8 and the definition for abandonment must be met per Work Aid 1.

Child without supervision in a dangerous environment

Is the child unsupervised in an environment that presents an imminent threat of serious injury?

Imminent threat of serious injury includes but is not limited to threat of:

- Injuries to the head or torso;
- Open wounds/burns;
- Injuries that may result in disfigurement (e.g., broken bones, ligament injuries);
- Multiple injuries;
- Injuries on different parts of the body or in different stages of healing;
- Injuries that may limit development (e.g., children who have missed developmental milestones due to parental neglect, inorganic failure to thrive, or brain injuries); or
- A life-threatening condition.

Do parties meet the criteria for assignment to the Special Investigations Unit per policy 14.25?

The Special Investigations Unit (SIU) is responsible for conducting investigations involving reports of child abuse and/or neglect in the following situations.

- Custodial children—Allegations involving a child in custody who resides in a resource placement, licensed contract agency placement, youth development center, or emergency shelter.
- Non-custodial children—Allegations involving a child who is under the supervision or care of an individual or individuals functioning in an official employment or volunteer capacity (e.g., licensed daycare facilities, licensed child care agencies, unlicensed daycare facilities [with more than four (4) children not including their biological children], schools, religious organizations or youth groups, etc.).
- Resource homes—Allegations involving foster, adoptive, or biological children residing in a resource home.

- Multiple victims—Macro cases or multi-family investigations (as requested by regional staff).
- Employees/volunteers—Allegations that would affect the alleged perpetrator’s employment or volunteer status as it relates to working with children.

SIU does not conduct investigations regarding allegations involving a child who is on a home visit, on a trial home placement, a runaway, or has experienced any previous abuse prior to custody.

PART B. SCREENING AND TRACK ASSIGNMENT DECISIONS

Based on the decision tree, a preliminary decision can be made as to whether the report meets the criteria for CPS track assignment, referral to Resource Linkage, or other reporting requirements.

Preliminary Track Assignment

The preliminary track assignment is based on the decision tree. When the report contains multiple allegation types, the assigned track is based on whether or not any one of the allegations meets the criteria for a CPS investigation.

For allegations that are assigned to investigations or SIU, is the allegation reported considered severe as indicated by the following (check the indicators that apply)?

The child has been exposed to or there has been a failure to protect the child from:

Abuse or neglect likely to cause serious bodily injury or death OR use of force likely to cause serious bodily injury or death OR abuse or neglect that has resulted in serious bodily injury or death.

- Any report of harm alleging facts that, if proven, would constitute the following physical injuries to a child:
 - » Head trauma;
 - » Broken bones;
 - » Inflicted burns;
 - » Organic functional impairment, as defined by the Department of Children’s Services (DCS; organic functional impairment is injury to internal organs);
 - » Broken skin;
 - » Shaken baby syndrome;
 - » Defensive injuries;
 - » Injuries related to physical confinement; or

- » Infants exposed to illegal narcotics, including methamphetamines.
- Any report of harm alleging facts that, if proven, would constitute the following types of neglect:
 - » A child left without supervision in a dangerous environment;
 - » Lack of food or nurturance resulting in a failure to thrive;
 - » Abandonment of a child under the age of 8;
 - » Lack of care that results in a life-threatening condition or hospitalization; or
 - » Inaction of the parent resulting in serious physical injury.

The abuse or neglect or failure to protect is likely to result in severe psychological harm.

Specific brutality, abuse, or neglect toward a child that in the opinion of qualified experts has caused or will reasonably be expected to produce severe psychosis, severe neurotic disorder, severe depression, severe developmental delay or intellectual disability, or severe impairment of the child's ability to function adequately in the child's environment, and the knowing failure to protect a child from such conduct.

The child has been exposed to sexual abuse.

- Committing or failing to protect the child from rape or sexual exploitation.
- The commission of any act involving the unlawful sexual abuse, molestation, fondling, or carnal knowledge of a child under thirteen (13) years of age.
- The commission of any act such as rape, aggravated sexual battery, sexual exploitation, etc. against a child thirteen (13) years of age through seventeen (17) years of age if such act is committed against the child by a parent, guardian, relative, person residing in the child's home, or other person responsible for the care and custody of the child.

The child was present while methamphetamines were being manufactured.

Child is exposed to or living within close physical proximity to where methamphetamines are manufactured.

Override to Screen Out

The preliminary screening and track assignment decision may be screened out when:

- The allegations reported contain the same information (regardless of the reporter) and is being addressed or has been addressed in a CPS case; and
- When the new allegations are the same track assignment as an already-open CPS case and the already-open case has been open for less than 30 days and does not have an approved classification.

- Allegations will be screened out if the abuse and/or neglect occurred in Tennessee; however, DCS does not have the ability to conduct an investigation or assessment due to the alleged child victim residing outside of Tennessee or will not return to Tennessee within the time frame to complete a CPS case or offer services to the child, regardless of the alleged perpetrator's accessibility. The allegations will be referred to local law enforcement and the child welfare agency where the child is located.

Final Screening and Track Assignment Decision

Determine, based on the preliminary decision and the override decision, the outcome of the report and the next steps for assigning priority response to the track assignment, Resource Linkage referral, or additional reporting requirements. If it is determined that the report is screened out, the following tasks will be completed, when applicable.

- Notify the assigned worker when duplicate or additional allegations are added to an open CPS case (see *DCS Policy 14.3: Screening, Priority Response, and Assignment of CPS Cases* for specific tasks).
- Notify local law enforcement.
- Report concerns to the appropriate Prison Rape Elimination Act (PREA) representatives (see criteria below).
- Report concerns to Adult Protective Services (APS; see criteria below).
- Report concerns to the appropriate licensing agency (see criteria below).
- Notify the appropriate out-of-state agency.

For reports that were screened out and include concerns that did not meet the criteria for CPS assessment, consider the impact of these concerns, such as the following.

The report was screened out BUT these concerns require additional PREA reporting.

Any report that is not screened in for a response requires additional PREA reporting if the report involves any form of sexual abuse/assault/misconduct/harassment or rape that has occurred within a youth development center facility or contracted private provider agency that provides congregate care for children/youth.

- Abuse includes contact with any person without his/her consent, or with a person who is unable to consent or refuse, and the intentional touching, either directly or through clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks. Also consider to be abuse any sexual act or contact between an employee, volunteer, contractor, or agency representative and a youth by force, persuasion, inducement, or enticement.
- Assault includes any sexual touching or contact, including but not limited to rape, sodomy, unlawful touching, or any penetration of the vagina or anus by the penis of another person; any contact between the genitals or anal opening and the mouth or tongue of another person; any intrusion by one person into the genitals or anal opening of another person (including the use of objects); intentional exposure of the

alleged perpetrator's genitals for the purpose of sexual arousal or gratification, aggression, degradation, or similar purpose; or sexual exploitation of a child.

- Misconduct includes any behavior or act of a sexual nature directed toward a youth by an employee, volunteer, official visitor, or agency representative. Romantic relationships between employee and youth are included.
- Harassment includes but is not limited to all of the following, whether by employees, volunteers, contractors, other agency representatives, or youth: sexual advances; sexually offensive language, comments, or gestures; influencing, promising, or threatening any youth's safety, custody status, privacy, housing, privileges, or work or program status in exchange for personal gain or favor of a sexual nature; or creating or encouraging an atmosphere of intimidation, hostility, or offensiveness.

The report was screened out BUT these concerns require additional APS reporting.

The allegations in the report do not meet criteria for CPS involvement (according to Tennessee state law and DCS policy) but involve a potentially dangerous situation for a person, age 18 or older, who by virtue of disability or age may not be able to protect him/herself. A referral to the appropriate APS representative will be made.

The report was screened out BUT these concerns require additional reporting to a licensing agency.

The allegations in the report do not meet the criteria for CPS involvement (according to Tennessee state law and DCS policy), but involves DHS daycare licensing or another licensing entity. A referral to the appropriate licensing representative will be made.

SECTION 2. PRIORITY RESPONSE

Part A. Priority Response Decision Trees

PHYSICAL ABUSE

Has a child under age 2 been directly exposed to drugs OR exposed to drug use by parents?

Infant has been exposed to a drug or chemical substance (e.g., alcohol, cannabis, hallucinogens, stimulants, sedatives, narcotics, meth, heroin, inhalants, or any other illegal substances) as verified by a positive drug screen of the mother or infant.

OR

Child has been exposed to a drug or chemical substance that could adversely affect his/her physical, mental, or emotional functioning. This includes but is not limited to the following situations.

- Drugs or chemical substances administered to or given to the child.
- Child exposed to or living in close proximity to a place where drugs or chemical substances are manufactured.

- Infant born dependent on legally prescribed or illegally obtained drugs used by the mother during her pregnancy.
- The condition known as Neonatal Abstinence Syndrome (NAS), which is reported by the health care provider at the facility where NAS is diagnosed.
- Child's parent/caretaker has a positive drug screen; manufactures drugs or chemical substances; has admitted to the use of an illegal drug or non-prescribed medication, or misuses prescribed medication or chemical substances.

Does a child over age 2 have a parent/caretaker whose ability to care has been impacted by alcohol or drug use?

The parent/caretaker's ability to care for the child has been impacted and there is presence of the circumstances listed below.

- The child has been exposed to a drug or chemical substance that could adversely affect his/her physical, mental, or emotional functioning. This includes but is not limited to the following situations.
 - » Drugs or chemical substances administered to or given to the child.
 - » Child exposed to or living in close proximity to a place where drugs or chemical substances are manufactured.
- The child's parent/caretaker has a positive drug screen; manufactures drugs or chemical substances; has admitted to the use of an illegal drug or non-prescribed medication, or misuses prescribed medication or chemical substances.

Impact on the parent/caretaker's ability to care for the child may be indicated by basic child needs (i.e., food, clothing, hygiene, shelter) not being met or by a parent/caretaker who is so severely incapacitated by substance use that he/she is unable to meet the child's needs (e.g., parent/caretaker is frequently rendered unconscious/cannot be roused or is unable to meet his/her own basic needs when substance affected).

Is the child still in the care of the alleged perpetrator?

For allegations related to children/infants exposed to drugs, is the child still in the care of the parent/caretaker who used or exposed the infant/child to drugs or chemical substances?

Are significant injuries evident OR is medical care required?

Significant injuries pose a danger of death, impairment, disability, or substantial pain. Examples include broken bones; burns; lacerations; injuries to the head or torso; injuries that suggest use of implements such as belts, boards, irons, or cigarettes; poisoning or suffocation; or injuries that suggest use of restraints. Also include bruises, welts, and abrasions that cover multiple body surfaces or appear to be in different stages of healing.

Medical care includes treatment and/or evaluation of an injury. It does not include documentation solely for forensic purposes. Do not include treatment or evaluation that has already been provided.

Is any child diagnosed with an intellectual or developmental disability OR under age 6?

- Does any child have a physical or developmental disability that increases his/her vulnerability? A developmental disability is defined as a severe, chronic condition due to mental and/or physical impairments and diagnosed by a physician or mental health professional. Examples include intellectual disability, autism spectrum disorders, and cerebral palsy.
- Is any child in the home under the age of 6?

Was the child tormented or tortured?

Examples include the following.

- Use of restraints or extremely age-inappropriate punishment.
- Infliction of severe pain.
- Use of discipline that relies on humiliation, fear, and intimidation.
- Extreme rejection of the child, such as not speaking to the child for extended periods, acting as if the child is not present for long periods, or misusing time-out technique by using time limits far beyond what would be appropriate for the child's age/developmental status.
- Persistent or recurrent infliction of mental suffering.

Will the alleged perpetrator have access to the child in the next 48 hours OR is the child afraid to go home?

- Within the next 48 hours, is there reason to believe that the alleged perpetrator will have unsupervised, in-person contact, including visitation, with the child?
- Is the child expressing fear of returning to or being in the home at this time? The fear expressed is based on credible threats made by the caregiver. Child exhibits behavioral indicators of fear. For example, the child states that his/her caregiver has threatened harm if the child tells anyone about the home situation, or the child reports that the caregiver has retaliated against the child in the past.

Is there a protective caregiver?

Is the non-perpetrating caregiver supporting the child's disclosure and demonstrating the ability to prevent the alleged perpetrator from having access to the child?

Will the non-perpetrating caregiver not pressure the child to change his/her statement?

Will the non-perpetrating caregiver obtain medical treatment for the child if needed?

Do ANY of the following apply?

- There are prior reports of abuse or neglect.
Are there one or more prior reports for alleged abuse or neglect by anyone in the household, including the alleged perpetrator, within the last three years?

If unable to determine whether allegations in prior reports involved anyone in the household at this time, answer "yes."
- Domestic violence issues are present.
Domestic violence is defined as a pattern of assaultive and coercive behaviors (including physical, sexual, psychological, emotional, and economic coercion) that an adult or adolescent uses to obtain and maintain control over his/her intimate partner. Are issues related to domestic violence part of the current report and alleged to be an immediate concern?

MEDICAL NEGLECT AND PSYCHOLOGICAL HARM

Does the child appear seriously ill or injured, or is the child in need of immediate medical or mental health care?

Does the child require immediate medical/psychiatric treatment and/or hospitalization? This includes failure to thrive, or refusal of caregiver to meet child's medical/psychiatric needs or treat a serious or significant injury/condition, such as suicidal or homicidal behavior and/or threats to harm self or others.

Was the child tormented or tortured?

Examples include the following.

- Use of restraints or extremely age-inappropriate punishment.
- Infliction of severe pain.
- Use of discipline that relies on humiliation, fear, and intimidation.
- Extreme rejection of the child, such as not speaking to the child for extended periods, acting as if the child is not present for long periods, or misusing time-out technique by using time limits far beyond what would be appropriate for the child's age/developmental status.
- Persistent or recurrent infliction of mental suffering.

Will the alleged perpetrator have access to the child in the next 48 hours OR is the child afraid to go home?

- Within the next 48 hours, is there reason to believe that the alleged perpetrator will have unsupervised, in-person contact, including visitation, with the child?

- Is the child expressing fear of returning to or being in the home at this time? The fear expressed is based on credible threats made by the caregiver. Child exhibits behavioral indicators of fear. For example, the child states that his/her caregiver has threatened harm if the child tells anyone about the home situation, or the child reports that the caregiver has retaliated against the child in the past.

Is there a protective caregiver?

- Is the non-perpetrating caregiver supporting the child's disclosure and demonstrating the ability to prevent the alleged perpetrator from having access to the child?
- Will the non-perpetrating caregiver not pressure the child to change his/her statement?
- Will the non-perpetrating caregiver obtain medical treatment for the child if needed?

Is the alleged child victim under age 6 OR does the alleged child victim have a chronic illness (medical, psychological, or emotional) or minor injury that requires attention?

The alleged child victim is under the age of 6 years, OR the alleged child victim has an illness or condition (such as head lice, asthma, ear infection, etc.) that is chronic in nature but that does not pose a life-threatening safety concern at the present time. The child has a minor physical injury that requires attention.

Do ANY of the following apply?

- There are prior reports of abuse or neglect.
Are there one or more prior reports for alleged abuse or neglect by anyone in the household, including the alleged perpetrator, within the last three years?

If unable to determine whether allegations in prior reports involved anyone in the household at this time, answer "yes."
- Domestic violence issues are present.
Domestic violence is defined as a pattern of assaultive and coercive behaviors (including physical, sexual, psychological, emotional, and economic coercion) that an adult or adolescent uses to obtain and maintain control over his/her intimate partner. Are issues related to domestic violence part of the current report and alleged to be an immediate concern?

NEGLECT

Do ANY of the following apply?

- The living situation is immediately dangerous or unhealthy.
Based on the child's age and developmental status, the home situation is immediately dangerous or unhealthy. Examples include the following:
 - » Leaking gas from stove or heating unit;
 - » No food in the home, or indications that the child is not being fed;
 - » Substances or objects accessible to the child that may endanger health/safety;
 - » Lack of water or utilities (e.g., heat, electricity) and no safe alternative provisions made;
 - » Open/broken/missing windows;
 - » Structural hazards, such as caving roof, holes in floor or walls, etc.;
 - » Exposed electrical wires;
 - » Excessive garbage or rotted or spoiled food that threatens health;
 - » Serious illness or significant injury has occurred due to living conditions and these conditions still exist (e.g., lead poisoning, rat bites);
 - » Evidence of human or animal waste in the living quarters;
 - » Insect or rodent infestation; or
 - » Guns or other weapons are not locked.

- Any child has an intellectual or developmental disability or is under age 8 and is currently left unsupervised.
Based upon local community standards, the child is not receiving appropriate supervision from his/her caregiver and there is no appropriate alternative plan for supervision. Examples include the following.
 - » Child who is under age 8, or who has an intellectual or developmental disability, is currently unsupervised.
 - » Child is currently alone (time period varies with age and developmental status).

- » Caregiver does not attend to the child so that need for care goes unnoticed or unmet (for example, caregiver is present but the child can wander outdoors alone, play with dangerous objects, play on unprotected window ledge, or be exposed to other serious hazards; a child with some suicidal ideation is not closely monitored; caregiver's substance abuse impairs his/her ability to provide adequate supervision and/or care).
- » Child is presently receiving inadequate and/or inappropriate child care arrangements (for example, a 10-year-old who supervises four children under the age of 5 all day).
- The alleged child victim is afraid to go home or remain in the home based on credible threats made by the caregiver.
Is the child expressing fear of returning to or being in the home at this time? The fear expressed is based on credible threats made by the caregiver. Child exhibits behavioral indicators of fear. For example, the child states that his/her caregiver has threatened harm if the child tells anyone about the home situation or reports that the caregiver has retaliated against the child in the past.

Is any child in the home under age 6?

Is any child in the home under age 14?

Is there severe substance abuse, developmental or intellectual disability, or mental illness present?

- Any household member has a severe substance abuse problem, as evidenced by the following:
 - » A diagnosis of chemical dependency or abuse AND caregiver uses regularly;
 - » Caregiver is using illegal drugs; OR
 - » Use suggests a probability that dependency or abuse exists, such as blackouts, secrecy, negative effects on job or relationships, rituals around drinking, etc.
- A developmental disability is defined as a severe, chronic condition due to mental and/or physical impairments and diagnosed by a physician or mental health professional. Examples include intellectual disability, autism spectrum disorders, and cerebral palsy.
- Any household member has a current mental health concern based on diagnosis of a major mental illness (e.g., schizophrenia, bipolar disorder, or depression) or exhibits symptoms that suggest a probability that such a diagnosis exists, such as hearing voices, paranoid thoughts, severe mood changes, suicidal thoughts or behavior, or extremely depressed affect.

Do ANY of the following apply?

- There is severe substance abuse, developmental or intellectual disability, or mental illness present. Any household member has a severe substance abuse problem, as evidenced by the following:
 - » A diagnosis of chemical dependency or abuse AND caregiver uses regularly;
 - » Caregiver is using illegal drugs; OR
 - » Use suggests a probability that dependency or abuse exists, such as blackouts, secrecy, negative effects on job or relationships, rituals around drinking, etc.

A developmental disability is defined as a severe, chronic condition due to mental and/or physical impairments and diagnosed by a physician or mental health professional. Examples include intellectual disability, autism spectrum disorders, and cerebral palsy.

Any household member has a current mental health concern based on diagnosis of a major mental illness (e.g., schizophrenia, bipolar disorder, or depression) or exhibits symptoms that suggest a probability that such a diagnosis exists, such as hearing voices, paranoid thoughts, severe mood changes, suicidal thoughts or behavior, or extremely depressed affect.

- There are prior reports of abuse or neglect.
Are there one or more prior reports for alleged abuse or neglect by anyone in the household, including the alleged perpetrator, within the last three years?

If unable to determine whether allegations in prior reports involved anyone in the household at this time, answer "yes."

- Domestic violence issues are present.
Domestic violence is defined as a pattern of assaultive and coercive behaviors (including physical, sexual, psychological, emotional, and economic coercion) that an adult or adolescent uses to obtain and maintain control over his/her intimate partner. Are issues related to domestic violence part of the current report and alleged to be an immediate concern?

SEXUAL ABUSE

Do ANY of the following apply?

- The alleged perpetrator will have access to the alleged child victim within the next 48 hours, or access is unknown.
Within the next 48 hours, is there reason to believe that the alleged perpetrator will have unsupervised, in-person contact, including visitation, with the child? The alleged

perpetrator may live in the home or have immediate access to the child (e.g., a babysitter, coach, neighbor), or the alleged perpetrator's access may be unknown.

- The alleged child victim is afraid to go home or remain in the home.
Is the child expressing fear of returning to or being in the home at this time? The fear expressed is based on credible threats made by the caregiver. Child exhibits behavioral indicators of fear. For example, the child states that his/her caregiver has threatened harm if the child tells anyone about the home situation or reports that the caregiver has retaliated against the child in the past.
- The alleged child victim is under age 6.
The alleged child victim is under the age of 6 years.
- Medical examination is needed AND alleged abuse occurred within 72 hours.
A medical examination is recommended in order to preserve forensic evidence but has not occurred AND the abuse occurred within 72 hours. This requires Priority Response 1 (P1) to ensure that any forensic evidence is collected in a timely manner.

Is the non-perpetrating caregiver aware of the alleged abuse, is their response appropriate, and are they protective of the child?

- Is the non-perpetrating caregiver supporting the child's disclosure and demonstrating the ability to prevent the alleged perpetrator from having access to the child?
- Will the non-perpetrating caregiver not pressure the child to change his/her statement?
- Will the non-perpetrating caregiver obtain medical treatment for the child if needed?

Do ANY of the following apply?

- Does the alleged child victim have an intellectual or developmental disability?
Does any child have a physical or developmental disability that increases his/her vulnerability? A developmental disability is defined as a severe, chronic condition due to mental and/or physical impairments and diagnosed by a physician or mental health professional. Examples include intellectual disability, autism spectrum disorders, and cerebral palsy.
- Is the alleged child victim is under age 13?
- There are prior reports of abuse or neglect.
Are there one or more prior reports for alleged abuse or neglect by anyone in the household, including the alleged perpetrator, within the last three years?

If unable to determine whether allegations in prior reports involved anyone in the household at this time, answer "yes."
- Domestic violence issues are present.

Domestic violence is defined as a pattern of assaultive and coercive behaviors (including physical, sexual, psychological, emotional, and economic coercion) that an adult or adolescent uses to obtain and maintain control over his/her intimate partner. Are issues related to domestic violence part of the current report and alleged to be an immediate concern?

Part B. Priority Response Decision

The priority response decision determines how soon the CPS staff will respond to allegations that are assigned to investigation and assessment tracks.

Preliminary Priority Response Decision Based on Decision Tree(s)

The preliminary decision for a recommended priority response is based on the highest level indicated when multiple allegations are reported.

Overrides to Recommended Priority Response

An override to the preliminary priority response can occur for the following reasons.

Policy Override to P1

A lower priority response will be overridden to P1 when:

- Family may flee/child made unavailable. Family is preparing to leave the jurisdiction to avoid investigation/assessment or has fled in the past, or the caregiver has done something to make the child unavailable.
- Prior or current death of a child in the household. There is credible information (e.g., statements by reporter, verified information in TFACTS, or police reports) that there has been a death of a child within the household as a result of the current allegation or prior to the current allegation.

Policy Override to P2 or P3

The priority response may be decreased to P2 or P3 in the following situation.

- Child is in an alternate safe environment and is expected to remain there pending a P2 or P3 response. Child is no longer living where alleged abuse/neglect occurred, or is temporarily away and will not return within:
 - » The next two business days if overriding to P2; or
 - » The next three business days if overriding to P3.

Discretionary Override

Occasionally there will be unique circumstances not captured within the questions and definitions of the decision trees. The case manager may select a priority response different from that indicated by the decision trees to provide a **higher or lower** priority response. The case manager should mark the discretionary override box and indicate the reason.

Final Assigned Priority Response After Consideration of Overrides

The final decision will be based on the preliminary priority response decision as well as any override decisions.

**TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES
CHILD ABUSE/NEGLECT INTAKE ASSESSMENT
POLICY AND PROCEDURES**

The purpose of the child abuse/neglect intake assessment is to determine (1) whether reports meet criteria for DCS response; (2) if so, whether the report should be assigned for CPS assessment, CPS investigation, SIU investigation, or served through Resource Linkage; and (3) if assigned for CPS assessment or CPS investigation, how quickly the assessment/investigation should be initiated.

What Reports: Every report received by the Child Abuse Hotline.

When: Immediately upon receipt of all available information pertaining to the report, but no later than within 24 hours of receipt of the report, unless the appropriate Child Abuse Hotline supervisor decides that more time is needed to gather information. When the supervisor decides to gather more information, the screening criteria must be completed no later than 24 hours from receipt of the report.

Who: Child Abuse Hotline case manager.

Decisions: Section 1: Screening and Track Assignment determines the appropriate screening and assignment of the report. Reports may be screened as follows:

- Screened in for investigation;
- Screened in for SIU investigation (when a third-party relationship exists);
- Screened in for assessment;
- Screened in for Resource Linkage; or
- Screened out.

When an allegation has been screened in for investigation or assessment, Section 2: Priority Response guides the decision about how quickly a field response must be initiated. Response times are as follows.

- P1: Immediate/within 24 hours from receipt of the report
- P2: Within two business days from receipt of the report
- P3: Within three business days from receipt of the report

The assigned priority response determines the time frame in which the face-to-face contact must be initiated. Note that per Policy 14.6, Child Protective Investigative Team members, as applicable, must be notified immediately of a report of child sexual abuse regardless of the assigned priority response.

Appropriate Completion

When taking report information, Child Abuse Hotline case managers should gather and document sufficient information from the referent to answer the questions in Section 1 and, if applicable, Section 2 of the intake assessment.

SECTION 1. SCREENING AND TRACK ASSIGNMENT

Begin at the first question and, using the definitions, determine whether “yes” or “no” is the most appropriate response for each question, based on information provided by the referent. If unable to determine the response to a question, respond in the most protective way. Continue answering the questions following the path on the decision tree as indicated by each yes/no response until arriving at a screening and track assignment decision.

Part B. Screening and Track Assignment Decisions

Preliminary Track Assignment

Mark the screening and track assignment decision based on the decision recommended through completion of the decision tree.

Override to Screen Out

If the recommended decision is to screen in for investigation, screen in for SIU investigation, or screen in for assessment, there is an option to screen the referral out based on specific criteria.

Final Screening and Track Assignment Decision

Finally, mark the box indicating the final screening and track assignment decision after taking into consideration any override.

SECTION 2. PRIORITY RESPONSE

Complete one decision tree for each allegation type. For each tree, begin at the first question and, using the definitions, determine whether “yes” or “no” is the most appropriate response for each decision, based on information provided by the referent. If unable to determine the response to a question, respond in the most protective way.

Follow the branch of the tree determined by the yes/no response until reaching a termination point, and mark it. When there are multiple allegations, start with the decision tree that best reflects the most serious allegation or allegation marked as severe. If an immediate response (P1) is indicated, it is not necessary to complete additional trees. Indicate the recommended response by marking the highest priority response time indicated by the decision trees under Part B: Priority Response Decision.

Part B. Priority Response Decision

Overrides to Recommended Priority Response

Certain conditions have been determined to require an alternative response from the preliminary priority response. Mark any of the override conditions that apply.

- Family may flee/child made unavailable and immediate response is required.
- Prior or current death of a child in the household.
- Child is in an alternative safe environment and is expected to remain there pending a P2 or P3 response.

Discretionary Override

Occasionally there will be unique circumstances not captured within the questions and definitions of the decision trees. The case manager may select a priority response different from that indicated by the decision trees to provide a **higher or lower** priority response. The case manager should mark the discretionary override box and indicate the reason.

Final Assigned Priority Response After Consideration of Overrides

Indicate the assigned priority response by marking one answer. If an override was exercised, the assigned response will differ from the recommended response. If no override was used, the assigned and recommended response will be the same.

Note: The child abuse/neglect intake assessment provides clear and consistent criteria for determining DCS response, track assignment, and priority response for an investigation/assessment. In some situations, CPS field staff, upon receipt of the report from the Child Abuse Hotline, may be aware of information about the family that would suggest a change in track assignment or priority response. When this occurs, follow established DCS policy for reconsideration.